

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			

Full Name of Payee <b>Paramount</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 02 / 2014</b>		
Mailing Address <b>525-K East Market Street</b> <b>114</b>			Amount <b>75.30</b> <b>Transaction ID : f466c73b-28a5-449b-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 02 / 2014</b>		
City <b>Leesburg</b>	State <b>VA</b>	Zip Code <b>20176</b>			
Purpose of Expenditure <b>Food</b>		Category/Type <b>007</b>			
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>		
Calendar Year-To-Date Per Election for Office Sought <b>146489.04</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Paramount</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 02 / 2014</b>		
Mailing Address <b>525-K East Market Street</b> <b>114</b>			Amount <b>350.10</b> <b>Transaction ID : b1b54cfe-53e3-4292-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 02 / 2014</b>		
City <b>Leesburg</b>	State <b>VA</b>	Zip Code <b>20176</b>			
Purpose of Expenditure <b>Blast Emails</b>		Category/Type <b>004</b>			
Name of Federal Candidate <b>Ms. Kay Hagan</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>		
Calendar Year-To-Date Per Election for Office Sought <b>350713.54</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>425.40</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan*

[Electronically Filed]

Date

 MM / DD / YYYY  
**10 / 07 / 2014**

Signature